0903452

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x s OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHES1 PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AMENDMENT PREVIOUSLY EXTRA** TIONAL AFTER TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus 0 OR Independent (37 CFR 1.16(b)) Minus X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING RATE ADDI-NUMBER RATE ADDI-PREVIOUSLY **EXTRA AFTER** TIONAL TIONAL ENDMENT AMENDMENT PAID FOR FFF FEE Total Minus (37 CFR 1.16(c)) X S OR X S Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

09903452

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000									2114021152				
CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			41				RA	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			녀/ minus 20=		· 21		X\$	9=		OR	X\$18=	.378	
INDEPENDENT CLAIMS			6 minus 3 =		3		X4	) <del>-</del>		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+13	+135=		OR	+270=	~ 10	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TO			OR	TOTAL	1328	
CLAIMS AS AMENDED - PART II									•	١٠٠٠	OTHER		
		(Column 1)			mn 2)	(Column 3)	SMA	ALL I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· 43	Minus	U	. (	= \	X\$	9=		OR	X\$18=	18	
H	Independent	· TATION OF W	Minus	***	(0	= \	X4	0=		OR	XXX	88	
L	FIRST PHESE	NTATION OF MI	ULTIPLE DEI	PNDEN	CLAIM		+13	5=		OR	+270=		
		,			•			DTAL		OR	TOTAL		
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT	FEE	<b></b>	JO. 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	US	Minus	U	2	= Q	X\$	9=		OR	X\$18=	108	
AME	Independent	NTATION OF M	Minus	•••	T CLAIN	- /	X4	0=		OR	X80=		
_	I I I I I I I I I I I I I I I I I I I	TIATION OF M	OCHPLE DE	PENDEN	II CLAIN		+10	35=		OR	+270=		
						,	T · ADDIT	OTAL		OR	TOTAL ADDIT, FEE	00	
		ADDIT				A0011.1 EE	4						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·40	Minus	L	S.	=	X\$	9=		OR	X\$18=		
	Independent	. 7	Minus	***	7)	-	X4	0=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del> </del>	1		<del>                                     </del>	
	If the entry in colu	mn 1 is less then t	the entry in col	umn 2 wr	ite "O" in o	olumn 3	+13			OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE													
		nher Dreviously Dr						tha ac	semeriate ba	v in a	shame 1		